

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		9-11-00
O.I.P.E. CLASSIFIER			9/15
FORMALITY REVIEW	S.B.	3C-895	10-17-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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